

**EXHIBIT CC TO THE JUNE 26, 2008
DECLARATION OF GREGORY I. RASIN, ESQ.**

04/14/2017 23:04 FAX
04/11/2008 14:38 17185844560

SPENCER'S HEALTHY

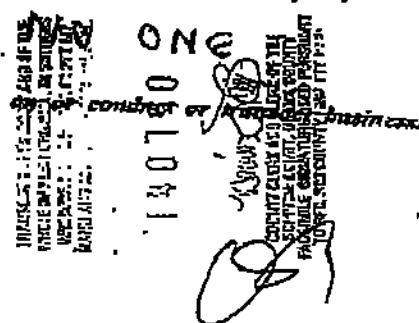
007
#0263 P.001 / 002207 - Certificate of Credit Rating Issued under an Assured Name
For Individuals, 1993

Notary Public, State of New York, NYC

Business Certificate

I HEREBY CERTIFY that I am conducting or transacting business under the name or designation
of SPENCER HEALTHY LIFE HEALTH FOOD STORE
 at **3133 GRAND CON COURSE**
 City or Town of **NEW YORK** County of **BRONX 10468** State of **New York**
 My full name is **JESAN SPENCER**
 and I reside at **404 KNEELAND AVE, YONKERS, NY 10704**

I FURTHER CERTIFY that I am the successor in interest to
 the person or persons herebefore using such name or names to carry on my business.



IN WITNESS WHEREOF, I have signed this certificate on

*Print or type name:
Under 21 years of age, state "True" _____ years of age.

ACKNOWLEDGMENT IN NEW YORK STATE (PL 369-a)

State of New York
County of

On before me, the undersigned,
personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

} ss.
State of NY
County of Bronx

On **6th April 2008** before me, the undersigned,
personally appeared **Jesan Spencer**

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in

(Signature and office of individual taking acknowledgment)

(Insert city or political subdivision and state or county or other place where acknowledgment taken)

(Signature and office of individual taking acknowledgment)

SPENCER 0977



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003



JESAN SPENCER
SPENCER HEALTHY LIFE HEALTH STORE
404 KNEELAND AVE
YONKERS NY 10704

981313

Date of this notice: 05-18-20

Employer Identification Number:
11-3779008

Form 55-4

Number of this notice: CP 578

For assistance you may call us
1-800-829-4933

STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 11-3779008. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 Revision 1024, Application for Recognition of Exemption at:

Internal Revenue Service
PO Box 192
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

Spence 0378